

## **Multiple Renewals Authorization** **(Form AL-CAL-2)**

Please complete this form to identify as many as two individuals within your company, business entity, or licensing service who are authorized to renew multiple producer and service representative licenses online. After completion, this form should be sent to the address or fax number shown below.

Upon receipt of this form, the department will assign and email each authorized individual an access code which is required to utilize the Online Multiple Renewals service.

**Please Print or Type:**

Company and NAIC Number: \_\_\_\_\_ **or**  
Business Entity and License Number: \_\_\_\_\_ **or**  
Licensing Service: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Authorized Individual:**

\_\_\_\_\_  
Name of Individual (Printed)  
\_\_\_\_\_  
Signature of Individual  
\_\_\_\_\_  
Title of Individual  
\_\_\_\_\_  
Email Address of Individual

**Authorized Individual:**

\_\_\_\_\_  
Name of Individual (Printed)  
\_\_\_\_\_  
Signature of Individual  
\_\_\_\_\_  
Title of Individual  
\_\_\_\_\_  
Email Address of Individual

**NOTE: Email addresses must be complete. Access codes will be emailed only to each authorized individual's email address and will not be provided to anyone by phone.**

**Mailing Address:**

Alabama Department of Insurance  
Producer Licensing Division  
P.O. Box 303351  
Montgomery, AL 36130-3351

**Fax Number:**

(334) 240-3282